

**PREGNANCY NUTRITION QUESTIONS**

Name: _____	Age: _____
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**Please circle or write your answers to the following questions:**

1.	When is your next doctor's appointment? _____
2.	<b>What concerns does your doctor have about your pregnancy?</b> <i>Weight Gain</i> <i>Weight Loss</i> <i>What You Eat</i> <i>High Blood Sugar</i> <i>High Blood Pressure</i> <i>Low Iron in Blood</i> <i>None</i> <i>Other</i> _____
3.	<b>Which of these do you take?</b> <i>Prenatal Vitamins</i> <i>Iron Pills</i> <i>Other Vitamins/Minerals</i> <i>Herbs</i> <i>Laxatives</i> <i>Over the Counter Medications (Tylenol, Aspirin, etc.)</i> <i>None</i> <i>Other Medications</i> _____ <i>Home Remedies (list)</i> _____
4.	<b>What conditions do you have?</b> <i>Nausea</i> <i>Vomiting</i> <i>Heartburn</i> <i>Constipation</i> <i>Swelling</i> <i>None</i> <i>Other (list)</i> _____
5.	How do you feel about your weight change? <i>Too little</i> <i>OK</i> <i>Too much</i>
6.	<b>How many times a day do you eat?</b> _____ <i>Meals</i> _____ <i>Snacks</i>
7.	How many times <u>a week</u> do you eat fast food or food from a restaurant? <i>Never</i> <i>1–2 times</i> <i>3–4 times</i> <i>5 or more times</i>
8.	<b>Are you on a special diet?</b> <i>Yes</i> <i>No</i> <i>If yes, explain</i> _____
9.	<b>Are there foods you limit or do not eat?</b> <i>Yes</i> <i>No</i> <i>If yes, list</i> _____
10.	<b>What do you eat/drink on most days?</b> ♦ <i>Water</i> <i>Coffee</i> <i>Tea</i> <i>Regular Soda</i> <i>Diet Soda</i> <i>Gatorade</i> ♦ <i>Juice</i> <i>Punch/Kool Aid</i> <i>Alcohol</i> <i>Beer</i> <i>Wine</i> ♦ <i>Fruits</i> <i>Vegetables</i> ♦ <i>Milk (Skim/Lowfat/Whole)</i> <i>Cheese</i> <i>Yogurt</i> <i>Cottage Cheese</i> <i>Pudding/Custard</i> ♦ <i>Meat</i> <i>Chicken</i> <i>Turkey</i> <i>Fish</i> <i>Hotdogs</i> <i>Tofu</i> <i>Beans/Lentils</i> <i>Peanut Butter</i> <i>Eggs</i> <i>Nuts</i> ♦ <i>Breads</i> <i>Cereals</i> <i>Tortillas</i> <i>Rice</i> <i>Noodles</i> <i>Rolls</i> <i>Crackers</i> <i>Pan Dulce</i> ♦ <i>Candy</i> <i>Cookies</i> <i>Cakes</i> <i>Donuts</i> <i>Ice Cream</i> <i>Chips</i> <i>French Fries</i> ♦ <i>Other (list)</i> _____
11.	<b>What things, other than food, do you crave to eat?</b> <i>Dirt</i> <i>Clay</i> <i>Ice</i> <i>Laundry Starch</i> <i>Cigarette Butts</i> <i>Paint Chips</i> <i>None</i> <i>Other (list)</i> _____
12.	How do you feel about your eating habits now? <i>Great</i> <i>Good</i> <i>OK</i> <i>Not so good</i>
13.	Have you ever breastfed? <i>Yes</i> <i>No</i> <i>If yes, for how long?</i> _____
14.	How confident are you that you will breastfeed your baby? ( <i>Circle one</i> ) <i>(not at all confident)</i> <i>1</i> ..... <i>2</i> ..... <i>3</i> ..... <i>4</i> ..... <i>5</i> <i>(very confident)</i>
15.	Are you employed or going to school? <i>Yes</i> <i>No</i> <i>Planning to Start</i>
16.	What word(s) describe how you feel about being pregnant? <i>Happy</i> <i>OK</i> <i>Tired</i> <i>Depressed</i> <i>Sad</i> <i>Stressed</i> <i>Angry</i> <i>Other</i> _____
17.	What kind of activity do you do on most days? <i>Walk</i> <i>Run</i> <i>Bike</i> <i>Dance</i> <i>Sports</i> <i>Swim</i> <i>Exercise Class/Gym</i> <i>Garden</i> <i>None</i> <i>Other (list)</i> _____
18.	<b>Do you ever run out of money or food stamps to buy food?</b> <i>Yes</i> <i>No</i>
19.	What nutrition and health questions do you have today? _____ _____

**For Staff Use Only**

Date: \_\_\_\_\_ WIC Staff Name: \_\_\_\_\_  
 Participant WIC ID#: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

